APPLICATION FOR WORKER PROTECTION TRAINER RECOGNITION

- <u>Important Instructions</u>:1. Type or print clearly.2. Incomplete or unclear applications will be returned.

Last Name:]	First Name:	MI:
Address		
Mailing:		
Actual Street Address (if different from above): _		
County:	Telephone #: ())
Applicator License # (if applicable):		Birth date:
Name of farm:		
Farm Address (if different from above):		
Гуре of farm: O Fruit O Vegetable O Nursery	O Greenhouse O Other	
FOR PERSONAL IDENTIFICATION ONLY		
Sex: MO FO Height:	(ft.)(in.)	Eye color
Type of Trainer (check all that apply) O Worker O Handler O	Train-the-Trainer (pers	on who will train other trainers, Contact our office first)
Check one: O Pesticide applicator O	State government	O Private organization
Applicant's signature		Date:
Signature indicates agreement with terms on following page		

Trainer Provider Agreement

I agree to issue EPA pesticide safety training verification cards only in full compliance with the following requirements. I will:

- 1. Issue EPA training verification cards only to agricultural workers and/or handlers who have been trained according to the requirement of the 1992 Federal Worker Protection Standard (40 CFR part 170.130 and 170.230, including the correct use of training materials developed or approved by EPA).
- 2. Record trainee information on the verification cards in ink or other indelible form.
- 3. Retain a copy of a dated class roster signed by the trainer and the trainee, with the card number issued to the trainee, and the city or county and state where the training occurred and mail the original to DEP-Pesticide Control Program.
- 4. Issue EPA training verification cards that match EPA specifications or that comply with State variations from such specifications that have prior approval from EPA.
- 5. Promptly respond to requests from EPA, state, or tribal agencies or agricultural employers for information concerning issued EPA training verification cards.